

FROM :

FAX NO. : 945 7864

Nov. 16 2005 12:52PM P5

1/10

DR. MICHAEL K.Y. CHUN

Podiatric Medicine and Surgery

HISTORY AND PHYSICAL FORM

Patient: Linda Sekiya Age: 53 Sex: Male Female Date: 7/3/00
 P. Mental Status: M Occupation: Prop Tech. E.
 Activities: Family/Living Situation: Recreation: Shoe Types:

PAST MEDICAL HISTORY

CHILDHOOD DISEASES: Rheumatic Fever Polio Congenital Heart Dz OtherADULT DISEASES: HTN CVA Arthritis Leg Cramps T.B. CA Mental Illness
 DDM Heart Dz/MI/Angina Ulcers Anemia Kidney Dz Headaches Low Back PainALLERGIES: Penicillin Other Antibx Local Anesthetics Codeine Tapes Foods
 Sulfa Medications ASA Iodine Soaps Other

Medications:

Past Hospitalizations/Surgeries:

Injuries:

Prosthetic Devices:

Blood Transfusions - Date/Rx:

SOCIAL HISTORY Tobacco: _____ Yrs. _____ ppd. _____ ETOH: _____ Recreational: _____

REVIEW OF SYSTEMS

<input type="checkbox"/> Recent Wt. Change	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Polyuria	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Syncope
<input type="checkbox"/> NVD	<input type="checkbox"/> Jaundice	<input type="checkbox"/> TB	<input type="checkbox"/> Polydipsia	<input type="checkbox"/> Thyroid Dz	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Hx GI Bleeding	<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney Dz	<input type="checkbox"/> Polyphagia	<input type="checkbox"/> Bleed Discr/Anemia	<input type="checkbox"/> Seizures
<input type="checkbox"/> Color of Stools	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Gout	<input type="checkbox"/> DVT	<input type="checkbox"/> VD/STD/AIDS

MUSCULOSKELETAL: **RIGHT** **LEFT**

DIGITAL DEFORMITIES

Hammer toes: <input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR	<input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR
Claw toes: <input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR	<input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR
Jet toes: <input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR	<input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR
Abducto/avus 5th: <input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR	<input type="checkbox"/> R	<input type="checkbox"/> SR	<input type="checkbox"/> NR

MET DEFORMITIES:

BUNION DEFORMITIES

1st Ray ROM: D-flex= _____ cm	P-flex= _____ cm	D-flex= _____ cm	P-flex= _____ cm
Manual Reduction:	D-flex= _____ °	P-flex= _____ °	Rest= _____ °
1st MPJ ROM: D-flex= _____ °	P-flex= _____ °	ROM= _____ °	Crepitus _____
1st MPJ Pain: <input type="checkbox"/> Palpation	<input type="checkbox"/> ROM	<input type="checkbox"/> No	<input type="checkbox"/> Crepitus
Sesamoidal Pain: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Trackbound	<input type="checkbox"/> No
Axial Deformity: <input type="checkbox"/> Tracking	<input type="checkbox"/> HAV	<input type="checkbox"/> HAV	<input type="checkbox"/> Trackbound
Plane Deformity: <input type="checkbox"/> HA vs	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> HAV
Hallux Abutment: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Erythema	<input type="checkbox"/> Bursa
Bunion Location: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Erythema	<input type="checkbox"/> Bursa
EHL Contracture: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Erythema	<input type="checkbox"/> Bursa
WB Progress Deform: <input type="checkbox"/> Incre IM/EHL/hallux	<input type="checkbox"/> No Change	<input type="checkbox"/> No Change	<input type="checkbox"/> No Change
RCSP -> NCSP: <input type="checkbox"/> Increase MPJ Rom	<input type="checkbox"/> No Change	<input type="checkbox"/> Increase MPJ Rom	<input type="checkbox"/> No Change

BIOMECHANICAL

Hip Flexed: Int= _____ °	Ext= _____ °	N.P.= _____ °	Int= _____ °	Ext= _____ °	N.P.= _____ °
Hip Extended: Int= _____ °	Ext= _____ °	N.P.= _____ °	Int= _____ °	Ext= _____ °	N.P.= _____ °
Malleolar Position: Int= _____ °	Ext= _____ °	P.flex= _____ °	D.flex= _____ °	P.flex= _____ °	P.flex= _____ °
AJ - Knee Ext: D.flex= _____ °	P.flex= _____ °	P.flex= _____ °	D.flex= _____ °	P.flex= _____ °	P.flex= _____ °
AJ - Knee Flex: D.flex= _____ °	P.flex= _____ °	P.flex= _____ °	D.flex= _____ °	P.flex= _____ °	P.flex= _____ °
STJ: Sup= _____ °	Pron= _____ °	N.P.= _____ °	Sup= _____ °	Pron= _____ °	N.P.= _____ °
MTJ: Varus= _____ °	Valgus= _____ °	Valgus= _____ °	Varus= _____ °	Valgus= _____ °	Valgus= _____ °
Angle & Base Gait: _____ °	<input type="checkbox"/> Everted _____ °	<input type="checkbox"/> Inverted _____ °	<input type="checkbox"/> Everted _____ °	<input type="checkbox"/> Inverted _____ °	<input type="checkbox"/> Inverted _____ °
RCSP: <input type="checkbox"/> Everted _____ °	<input type="checkbox"/> Inverted _____ °	<input type="checkbox"/> Inverted _____ °	<input type="checkbox"/> Everted _____ °	<input type="checkbox"/> Inverted _____ °	<input type="checkbox"/> Inverted _____ °
NCSP: <input type="checkbox"/> Everted _____ °	<input type="checkbox"/> Inverted _____ °	<input type="checkbox"/> Inverted _____ °	<input type="checkbox"/> Varum _____ °	<input type="checkbox"/> Valgum _____ °	<input type="checkbox"/> Valgum _____ °
Tibial Frontal Plane: <input type="checkbox"/> Varum _____ °	<input type="checkbox"/> Valgum _____ °	<input type="checkbox"/> Valgum _____ °	<input type="checkbox"/> Varum _____ °	<input type="checkbox"/> Valgum _____ °	<input type="checkbox"/> Valgum _____ °
LLD: _____ °					

GAIT EVALUATION

Heel Contact: <input type="checkbox"/> Inv	<input type="checkbox"/> Ever	<input type="checkbox"/> Pron	<input type="checkbox"/> Exc Shock	<input type="checkbox"/> Inv	<input type="checkbox"/> Ever	<input type="checkbox"/> Pron	<input type="checkbox"/> Exc Shock
Mid Stance: <input type="checkbox"/> Inv	<input type="checkbox"/> Ever	<input type="checkbox"/> Pron	<input type="checkbox"/> Sup	<input type="checkbox"/> Inv	<input type="checkbox"/> Ever	<input type="checkbox"/> Pron	<input type="checkbox"/> Sup
Heel Off: <input type="checkbox"/> Adb Twst	<input type="checkbox"/> Pronated	<input type="checkbox"/> Supinated	<input type="checkbox"/> Early HO	<input type="checkbox"/> Adb Twst	<input type="checkbox"/> Pronated	<input type="checkbox"/> Supinated	<input type="checkbox"/> Early HO
Toe Off: <input type="checkbox"/> Appropulsive				<input type="checkbox"/> Appropulsive			

EXHIBIT G

Sexta, Linda 4/3/06

2/10

X-RAY FINDINGS:

Soft Tissue

Cartilage

Alignment

irregular cartilage S. postero
widened calcaneus

IM =

HA =

PASA =

MA =

TSP =

IMPRESSIONS:

① Sub-acute heel pain → ② Focal fasciitis / tendinitis
 → Cx. S. calcaneus / AFH
 w/ 2nd toe

AN:

Electrical nail debridement 1 - 5	Nail Matrixectomy
Electrical nail debridement 1 - 10	Medial
Simple debridement w/ curettage of keratomas x _____ lesions	Lateral
Commodative padding	Total
Cortisone Injection	Local Anesthesia
Stretching and strengthening regimen	1% Lidocaine Plain
Low dye strapping	.5% Marcaine Plain
Consider Orthoses	1% Lidocaine with Epinephrine
Prefab Orthoses - Size _____	Cryosurgical x _____ lesions
Modification of shoes	Local wound care regimen prescribed
Diabetic Foot Education	Written Post-op Instructions given
Diabetic Written Materials	

PFTV

Salazar, Linda 1/3/04

3/10

HISTORY OF PRESENT ILLNESSChief Complaint T1 PainLocation (R) ftQuality of Pain tenderOnset/Duration 1/3/04Alleviated By ∅Aggravated By heat / direct pressureAssociated Manifestation ⑥ blisters - occur. tenderPrevious Tx : Physician ∅ Recal. podSelf customsStarted when ran in
my massage w/
my pants.

(→ yes, circled)

LOWER EXTREMITY EXAM

VITALS: B.P. _____ Pulse _____ reg/irreg Respirations _____ Temp. _____

VASCULAR: RIGHT LEFT

Femoral _____

Popliteal _____

DP 3/4PT 2/4

SPV/PFT _____

Pallor Elev. _____ Telang. _____

Depend Rubor _____ Varicosities _____

Temperature _____ Petechiae _____

Cyanosis _____ Edema _____

NEURO: RIGHT LEFT

Vibratory _____ (↑)

Sharp/Dull _____

Light Touch _____

Proprio _____

DTR - Ach/Pat _____

Protective Thres _____

MUSCULAR TESTING (All Grps WNL w/foll except)

Tip the foot o - cushion

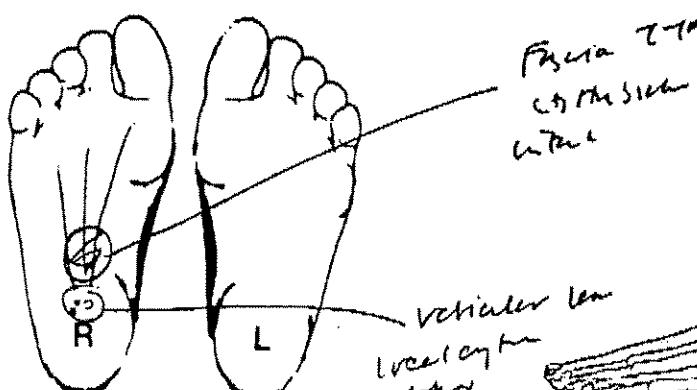
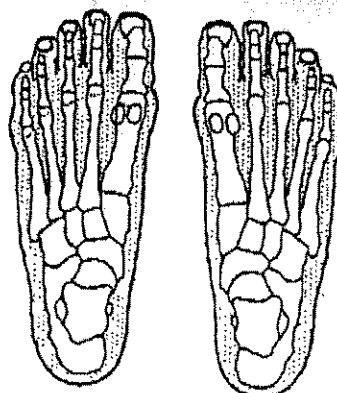
DERMATOLOGICAL:

Nails _____

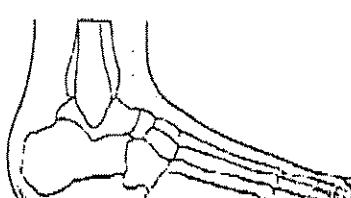
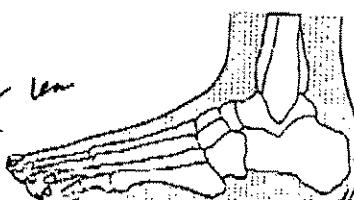
Hair Distribution _____

Hydration _____

Color/Pigment _____



Vascular loop
located on
in 2nd



NAME: SEKIYA, LINDA D
 BD: 09/27/1946
 MR #: 15-86-81
 ACCOUNT #: 410378707
 PHYSICIAN: MICHAEL CHUN DPM
 LOCATION: OP

(410)

KAPIOLANI MEDICAL CENTER
 at Pali Momi

98-1079 MOANALUA ROAD, AIEA, HI 96701
 TEL: (808) 485-4222 FAX: (808) 485-4233

Imaging Department

12/06/2000

NM BONE SCAN MULTIPLE

REASON FOR EXAM: RIGHT HEEL PAIN, RULE OUT FRACTURE

RESULT: Images of the feet were obtained in multiple projections 3 hours following the intravenous injection of 25 mCi Tc-99m methylene diphosphonate. No focal increase in activity is seen at the right heel or calcaneus. In fact, it may appear slightly photopenic when compared to the left calcaneus. No other significant bony abnormalities are seen.

IMPRESSION:

- 1) No evidence for acute fracture involving the right calcaneus.
- 2) Slightly asymmetric uptake is noted in the heels with perhaps decreased uptake in the right calcaneus when compared to the left. This is of uncertain clinical significance.

Michael C. Ling, M.D.
 (Interpreting physician)

Michael C. Ling, M.D.
 (signing physician)

Date Dictated: 12/06/2000
 Date Transcribed: 12/06/00 by JCK

we

MICHAEL CHUN DPM
 98-1078 MOANALUA RD 400
 AIEA, HI 96701

(5116)

Rx. Celebrex 200mg #30 tabs Bio w/o 12x Samphus 4/06

LINDA D SEKIYA (7361)

01/10/2000

S: F/U fasciitis/sub calcaneal bursitis with skin changes - right foot. S/P conservative care and relates 75% better. Relates no side effect of GI upset. Pt has not bought shoes, using an OTC arch, icing and is doing their stretching exercises.

O: Palpable tenderness minimal to the fascial insertion. Hubscher manuever negative. Ankle ROM as previously noted.

X-Rays were deferred.

A: Fasciitis/sub calcaneal bursitis with skin changes - right foot.

P: 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.
 2) Celebrex 200mg X #30 tabs X no refills. D/C if GI upset/allergic response and call ASAP.
 3) Defer injection
 4) RTC 4 wks for a re-check.

hr

1/10/2000

LINDA D SEKIYA (7361)

01/24/2000

S: F/U fasciitis/sub calcaneal bursitis with skin changes - right foot. S/P conservative care and sxs are much improved - she is still using the crutches.

O: Palpable tenderness minimal to none to the fascial insertion. Hubscher manuever negative. Ankle ROM as previously noted.

X-Rays were deferred.

A: Fasciitis/sub calcaneal bursitis with skin changes - right foot.

P: 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.
 2) Celebrex 200mg X #30 tabs X no refills. D/C if GI upset/allergic response and call ASAP.
 3) RTC PRN

hr

1/24/2000 Pt asked if she can get a revised doctors note dated 1/10/2000 Mail to her home

Rx. Celebrex 200mg #30 Bio 1refill/4

LINDA D SEKIYA (7361)

02/09/2000

S: F/U fasciitis/sub calcaneal bursitis with skin changes - right foot. She is doing better - wanted to come back to check on how much she is to use her foot.

O: As previously noted: Palpable tenderness minimal to none to the fascial insertion. Hubscher manuever negative. Ankle ROM as previously noted.

X-Rays were deferred.

A: Fasciitis/sub calcaneal bursitis with skin changes - right foot.

P: 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.
 2) Celebrex 200mg X #30 tabs X no refills. D/C if GI upset/allergic response and call ASAP.
 3) RTC PRN. She is able to bear 75-100% weight on her foot.

hr